

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

|   |  |  |  |                                       |  |                                      |       |                     | `                      |       |                     |                        |  |
|---|--|--|--|---------------------------------------|--|--------------------------------------|-------|---------------------|------------------------|-------|---------------------|------------------------|--|
|   | CLAIMS AS FILED - PART I                       |  |  |                                       |  |                                      |       | SMALL EN            | ITITY                  | OR    |                     | R THAN                 |  |
| L   |  |  | (Colu  | mn 1)                                 |  | (Column 2)                           | -     | 1172                | <u> </u>               |       | SMALL               | ENTITY                 |  |
| U.S. NATIONAL STAGE FEES  |  |  |  |                                       |  |                                      |       | RATE                | FEE                    |       | RATE                | FEE                    |  |
| BASIC FEE   |  |  | SMALL ENT. = \$ 150  |                                       | LAR                                    | GE ENT. = \$ 300                     |       | BASIC FEE           |                        | OR    | BASIC FEE           | 30                     |  |
| EXAMINATION FEE   |  |  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$100                   |                                       | All other situations = \$ 100 / \$ 200 |                                      | ]-    | EXAM. FEE           |                        | 1     | EXAM. FEE           | -                      |  |
| SEARCH FEE  |  |  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                       |  | ther situations =<br>\$ 250 / \$ 500 |       | SEARCH FEE          |                        |       | SEARCH FEE          | 40                     |  |
| FEE FOR EXTRA SPEC. PGS.  |  |  | / / minus 100 =  |                                       |  | <b>/</b> 50 =                        |       | X \$ 125 =          |                        | 1     | X \$ 250 =          |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |  | minus 20 = .   |                                       | *                                      |                                      |       | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |  |
| INC   | EPENDENT C                                     | LAIMS  | minus 3 = .  |                                       | *                                      |                                      |       | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |  |
| MU  | LTIPLE DEPE                                    | NDENT CLAIM PR   | RESENT   |                                       |  |                                      |       | + \$ 180 =          |                        | OR    | + \$ 360 =          |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |  |  |                                       |  | •                                    | TOTAL |                     | OR                     | TOTAL | 900                 |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |  |                                       |  |                                      | 1 :   | SMALL E             | NTITY                  | OR    | OTHER<br>SMALL E    |                        |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT  |  | NUMB<br>PREVIOU<br>PAID F             | ER<br>JSLY                             | PRESENT<br>EXTRA                     |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *  | Minus  | **                                    |  | =                                    |       | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |  |
|   | Independent                                    | <u> </u>   | Minus  | ***                                   |  | =                                    |       | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                       |  |                                      | İ     | + \$ 180 =          |                        | OR    | + \$ 360 =          |                        |  |
|   |  |  |  |                                       |  |                                      | •     | TOTAL ADDIT.<br>FEE |                        | OR    | TOTAL ADDIT.<br>FEE |                        |  |
|   |  | (Column 1)   |  | (Column                               |  | (Column 3)                           | _     |                     |                        |       |                     |                        |  |
| AMENUMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY                               | PRESENT<br>EXTRA                     |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •  | Minus  | **                                    |  | =                                    |       | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |  |
|   | Independent                                    | •  | Minus  | ***                                   |  | =                                    |       | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |  |  |                                       | AIM                                    |                                      |       | + \$ 180 =          |                        | OR    | + \$ 360 =          |                        |  |
|   |  |  |  |                                       |  |                                      |       | TOTAL ADDIT.<br>FEE |                        | OR    | FEE                 |                        |  |
|   |  |  |  |                                       |  |                                      |       |                     | •                      |       |                     |                        |  |
| t   | f the "Highest Nu<br>f the "Highest Nu         | mn 1 is less than the<br>mber Previously Paid<br>mber Previously Paid<br>liber Previously Paid I | For" IN THIS SP  | ACE is less th<br>ACE is less th      | an '20',<br>an '3', e                  | enter "20".<br>enter "3".            | the   | appropriate box i   | n column 1.            |       |                     | i                      |  |